



# **NEW HIRE BENEFITS ENROLLMENT GUIDE FOR CITY OF BOSTON EMPLOYEES**

## Welcome to the City of Boston!

We are pleased to offer benefit programs which provide comprehensive coverage to our employees. The *New Hire Benefits Enrollment Guide* is designed to help you and your family review and better understand your benefit choices before enrolling in coverage.

- **As a new hire, you will need to enroll or waive coverage within the first 60 days of hire.**
- **If you wish to enroll in health insurance, you must also enroll in basic life insurance.**
- **Your coverage will be effective the first of the month following your hire date. For example, if you are hired on June 20<sup>th</sup>, your coverage will be effective July 1<sup>st</sup>.**
  - For active full-time uniform police officers and firefighters, your coverage will be effective your date of hire. For example, if you are hired on June 20<sup>th</sup>, your coverage will begin on June 20<sup>th</sup>.
- **All enrollment forms and eligibility documentation must be submitted directly to the Health Benefits & Insurance Division at the address or fax number below:**
  - Mail:** Health Benefits & Insurance  
Boston City Hall, Room 807  
Boston, MA 02201
  - Fax:** (617) 635-3932
- **Incomplete applications or enrollment forms with missing eligibility documents for dependents cannot be accepted; please be sure only to submit complete applications.**
- **Failure to return a completed enrollment form or waiver within the **60 day** eligibility period will result in an *automatic waiver of coverage*.**

If you do not complete your enrollment on time, you must wait until the next [Annual Enrollment](#) period to enroll in benefits. Other than during annual enrollment, the only time you can make change is if you experience a [Qualifying Event](#) (loss of coverage, birth, marriage, etc.).

The information in this guide is intended to provide a general overview of the benefits available to you. Additional information about the plans can be found online at:

<https://www.boston.gov/departments/human-resources/benefits-available-city-workers>

From this website, you can download and view the plan comparison chart as well as the enrollment forms for health and life insurance.

If you have questions about the information in this guide, please call the Health Benefits & Insurance Division at (617) 635-4570.

## Who's Eligible?

**Employees** – Your eligibility depends on the terms of your collective bargaining agreement. Refer to your agreement and/or your HR administrator for more information. In general, any employees who regularly work at least 20 hours during the regular work week of permanent or temporary employment are eligible.

**Family members** – If you are eligible for health insurance, you may also cover your family member(s). Eligible family members include:

- Children, until they reach age 26
- Spouse (as defined under Massachusetts state law)
- Disabled children over age 26 who depend on you for principal support and are unable to earn their own living due to a mental or physical condition, provided the disability began before age 19 (or prior to age 26 while dependent on you for principal support), and the child continues to meet the plan's definition of "disabled."

**If you wish to enroll family members, you will be required to provide documents verifying eligibility. See the list below for required information and documents.**

### Health Insurance

**Spouse:** Certified copy of marriage certificate

**Child:** Certified copy of birth or adoption certificate, or legal guardian paperwork. Will accept birth/hospital announcement if child was born within 30 days.

Social Security Number (SSN) for all dependents, except for newborns less than 30 days old.

### Life Insurance

Beneficiary name

Beneficiary address

Beneficiary phone number

Beneficiary SSN (only required for spouse/child)

## Health Insurance

The City offers three different Health Insurance plans which are summarized below. Please review the attached Non-Medicare Health Insurance Comparison Chart to help you choose which plan is best for you.

### **AllWays Health Partners (AWHP) HMO**

The AllWays Health Partners HMO gives you direct access to a local network of doctors and hospitals. You are required to get a referral from your Primary Care Physician (PCP) for services provided by other physicians/specialists in the network.

### **Harvard Pilgrim Health Care (HPHC) HMO**

The Harvard Pilgrim HMO health plan gives you direct access to a local network of doctors and hospitals that charge lower fees for services they provide to eligible participants. You are required to get a referral from your Primary Care Physician (PCP) for services provided by other physicians/specialists in the network.

### **Blue Cross Blue Shield (BCBS) Blue Care Elect Preferred PPO Plan**

The BCBS Blue Care Elect Preferred PPO gives you direct access to a nationwide network of doctors and hospitals that charge lower fees for services they provide to eligible participants. You can see any physician/specialist in the network at any time; you are not required to designate a Primary Care Physician or get a referral. Benefits depend on whether you decide to go in-network or out-of-network for your care.

### **Health Insurance Terminology**

- **Copayments** (copays) are fixed amounts a member pays for covered health care services.
- **Coinsurance** is a member's share of costs calculated as a percent (e.g., 20%) of allowed costs for the service.
- A **deductible** is a fixed amount a member pays for services before the health plan begins to start paying for services.

### **Health Plan Types – What's the difference between an HMO and a PPO?**

Health Maintenance Organization (HMO): Provides care through a network of providers and usually does not cover non-emergency Out-of-Network services. The member selects a Primary Care Physician (PCP), and PCP referrals are required to access specialty care.

Preferred Provider Organization (PPO): PCP selection or referrals are not required, and Out-of-Network coverage is available at a higher member cost share.

## **Opt-Out Program**

If you choose to receive coverage under another medical plan outside of the City of Boston's group coverage, you may waive the City of Boston plan and receive an annual opt-out payment through your paycheck. Based on your union code, you may qualify for the regular or enhanced opt-out program which differs in stipulations and payout as noted below. The program generally runs subsequent to annual enrollment in the June timeframe.

### **Eligibility**

- To participate, employees must currently be enrolled in medical coverage through the City of Boston and drop the coverage for at least one year; or your collective bargaining agreement states that you qualify because you had City of Boston health insurance coverage for at least one year during your employment with the City and had previously dropped the coverage (enhanced program only).
- Employees are eligible for the payment if they have coverage under another plan. Other plans include:
  - Your spouse's/ partner's plan (as long as he or she is covered by someone other than the City of Boston, Boston Water & Sewer Commission or the Boston Public Health Commission);
  - A private plan;
  - A plan offered through a second employer (if you have another job that provides health care benefits); or
  - A retiree health plan from an employer other than one of the City of Boston groups.
- Employees must be active or on leave at the time of the opt-out payout. If an employee is separated from the City or retirees at the time of payout, they will no longer be eligible to receive the amount.

### **Annual Opt-Out Payment Amount**

- Regular opt-out program: The annual opt-out payment amount is \$1,000 for waiving an individual health insurance plan or \$1,500 for waiving a family health insurance plan.
- Enhanced opt-out program: The annual opt-out payment amount is \$1,500 for waiving an individual health insurance plan or \$2,500 for waiving a family health insurance plan.
- The opt-out payment will be issued as a lump sum in one of your July payroll checks.

Please note that amounts you receive under this plan are subject to federal, state, and Medicare taxes.

### **Applying for the Annual Opt-Out Payment**

- The City of Boston wants you to stay on the road to good health. Therefore, if you choose to waive medical plan coverage, you must certify that you have coverage under another medical plan by:
  1. Completing and signing a “Waiver of Health Insurance Coverage” application through an online Google form; and
  2. Providing written documentation of your other coverage on employer or group letterhead signed by an authorized representative of the employer or health insurance group providing the alternative coverage; and
  3. Copy of your marriage certificate or one of your dependent’s birth certificate, if you are applying for the family benefit.

### **If you Waive Coverage and Need to Rejoin the City’s Health Insurance Program**

If you waive coverage and then lose your other coverage during the City of Boston’s medical plan year, you can rejoin the plan, but you must:

- Notify the City of Boston within thirty (30) days of the date of insurance cancellation;
- Provide verification of loss of coverage; and
- Enroll in a medical plan offered by the City

If you do not enroll in a City health plan within the 60 days, the City of Boston will not be responsible for any medical claims you incur after your loss of other coverage, and you must wait until the next Annual Enrollment period to reapply for coverage.

### **Repayment of Cash Benefit Payment**

If you waive coverage, receive your cash benefit, and then rejoin the City of Boston’s medical plan at a later date, you must pay back a prorated amount of the annual opt-out payment. The amount you pay will be calculated to reflect the period for which you received payment minus the number of months that you will now be covered by one of the plans offered by the City of Boston.

### **Life Insurance**

A Basic Term Life Insurance policy is offered to employees of the City. The value of the benefit is \$5,000 or \$10,000 based on Union affiliation. This policy also includes a separate benefit of equal value for accidental death and dismemberment coverage.

Basic Term Life Insurance is mandatory for any employee enrolled in a City administered Group Health Insurance Plan. Enrollment is voluntary for employees who are benefit eligible, but who are not enrolled in a City administered Group Health Insurance Plan. The cost for this benefit is shared 50/50 between the City and the employee.

The City also offers employees the option of enrolling Optional Life Insurance coverage based on their salary with a maximum amount of \$74,000. This policy also includes a separate benefit of equal value for accidental death and dismemberment coverage. The cost of the policy is based on benefit value and the employee's age. Upon retirement, full benefit is available at a higher premium until age 75 at which time all benefits terminate and conversion is available. The cost of the benefit is 100% paid for by the employee.

### **Accidental Line of Duty Death Insurance**

All active full-time police officers and firefighters employed by the City of Boston are automatically enrolled in this coverage at no cost to the employee. The benefit amount is based on the base annual salary at the time of death.

### **Dental/Vision Insurance**

Dental/Vision benefits can differ depending on the employee's collective bargaining agreement. Many City employees receive this benefit at no cost through the Massachusetts Public Employee Fund (MPE Fund).

Employees eligible for coverage under the MPE Fund will receive an enrollment form directly from the MPE Fund once they have completed 6 months of service to the City. Employees must complete the form to indicate whether they would like the Network Plan or the Indemnity Plan. They must also indicate whether they would like to have an Individual or Family plan. You may be able to add dependents to your plan during the plan year if you experience a qualifying event such as a marriage or birth/adoption of a child. You will need to contact the MPE Fund directly.

A small number of employees may opt for a Dental/Vision plan through their Union; these include employees in the Boston Teachers Union, Boston Police Patrolmen's Association, Boston Police Superior Officers Association, Boston Police Detectives Benevolent Society, and the Boston Firefighters L718. Employees in these Unions should contact their Union representative directly for more information about these programs.

### **Flexible Spending Accounts**

The City of Boston offers employees the option of enrolling in Flexible Spending Accounts. This program allows employees the ability to have money withheld from their paycheck on a pre-tax basis to pay for dependent care expenses, out of pocket medical/dental expenses and work-related transportation expenses. Please see the attached flyer for more details.

New employees may enroll in this benefit within 30 days of their date of hire. The Annual Open Enrollment Period for this benefit is early-October to early-November. The plan year runs from January 1st – December 31st. During the plan year, employees may also be eligible to newly enroll in the Dependent Care Account or newly enroll or change their elected amount for their Medical Account if they experience a qualifying event such as marriage or birth/adoption of a child. These changes must be made within 30 days of the qualifying event.

## **457 Deferred Compensation – The SMART Plan**

The Massachusetts Deferred Compensation SMART Plan (IRS 457) is a Voluntary Retirement Account available to City of Boston employees as well as employees of the Boston Public Schools. Employees may choose to contribute anywhere from \$10 per pay period up to the IRS legal limit. The money is withheld from your pay on a pre-tax basis, and your contributions are invested as you have selected. There are two ways for you to invest. Under one option, you can choose to have your plan professionally managed, which involves a small fee. Under another option, you may choose to build and monitor your own portfolio. Please see the attached flyer for more details.

## **Employee Wellness Portal**

Available to City of Boston employees and their spouses, the portal features a recipe database, deals at your local grocery store, workout videos, optional year-round activity tracking, device syncing, and more. Even better, you will use the site to participate in group challenges all year long!

Employees are encouraged to utilize these resources to make positive changes that will lead to a healthier lifestyle.

### **It's a Great Day to Get Started - Here's How:**

1. Visit [www.bostonwellness.livehealthyignite.com](http://www.bostonwellness.livehealthyignite.com)
2. Click JOIN NOW.
3. Enter your Group Code- wellness2018
4. Create your account by entering your name, email address, username, and password.
  - o *Please note- your password must be 8 characters in length.*
5. You'll receive a confirmation email; click the link to confirm your account information.
6. Log in to your account and complete your profile.

**That's it!** Once you're registered, you're free to use the meal planner to monitor your diet, find the perfect workout video, or sync apps and devices. Explore the website and see how it can help you on your wellbeing journey.